

GUIDELINES FOR REPORTING AND FOR COMPLETING THE PROVIDER LABOR USAGE REPORTS - REVIEW OF STAFF HOURS IN COMMUNITY LIVING AND DAY SERVICES

OBJECTIVE: To assess accountability within the labor reporting system by comparing the hours of support expected, as generated on the persons individualized budget worksheet (IBWS), to the actual service hours delivered by the service provider.

PROCESS: Residential Habilitation and Day Service providers will use existing payroll information to document actual support hours delivered by site. This includes those providers who bill for RHI/CLI, RHS/CLS, HHS, PPS, SED, and DSG. Individuals should be grouped into settings (cost centers) or program sites in a manner supported by payroll recording and supervisory controls.

Grouping individuals into settings (cost centers) or program sites is done to enhance the process of reviewing meaningful reports. Groupings should be as small as possible and directly relate to direct supervision staffing patterns and payroll accounting processes already in place. Providers should have time cards or other supportive documentation available to verify information submitted on Provider Labor Usage Forms. Once client groupings are made, providers will identify each person in the group and report the total monthly hours of service they require (from the individualized budget worksheet). Total hours required at a site will be calculated by adding the hours of each member of the group. This total will then be compared to the total service hours delivered (from provider payroll records). A sample report is attached for your reference as to what DSPD requires as a minimum format.

The definition for hours of service will be consistent with wording used on the individualized worksheets. For example, day supports will be the staff time used to support an individual in a day setting or in the community. Community living supports will be the staff time used to support an individual in a residential setting when sleeping, getting up, dressing, bathing, making meals, washing clothes, learning things and helping on the weekend.

Documented Staff time used helping a person achieve the goals of their person centered plan are countable direct service hours. These direct service hours are defined as “face to face” or may include documented indirect hours for specific individuals that support those individuals with approved services. The process of reporting allowed indirect hours must be prior approved. Direct care staff and on occasion, supervisory staff or administrative staff may deliver these hours. Administrative and supervision hours, staff training, sick/vacation/holiday pay, must be “adjusted out” in order to accurately compare service hours provided to those expected. Reported hours are properly adjusted for any absentee factor used on IBWS.

If questions arise regarding the size of the group site or about service hours to include they should be discussed with the region contract analysts and adjustments made. Contract analysts in each region will visit providers to audit the hours reported. They will look for consistency in hours reported with time cards and/or other source documentation. They will also review the service or monthly file notes to validate the service was provided on the days they were reported. They may suggest IBWS adjustments to develop greater correlation between Individual Budget worksheets and required/delivered services.

REPORTING PERIODS: **Due October 31, 2007:** July 1, 2007 thru September 30, 2007
Due January 31, 2008: October 1, 2007 thru December 31, 2007
Due April 30, 2008: January 1, 2008 thru March 31, 2008
Due July 31, 2008: April 1, 2008 thru June 30, 2008

REPORTS SUBMITTED TO: Please submit QUARTERLY: one copy of the report to all

appropriate Region Directors and one copy to the DSPD State Office Auditor. An electronic copy per e-mail is preferred.

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